

Antelope Valley Air Quality Management District 43301 Division Street, Suite 206, Lancaster, CA 93535-4649

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AVAQMD Rule 461 Testing Notification Form

Today's Date: _								
Facility Information:		VAQMD Co#	Fac. #		ATC / PT	ATC / PTO #		
Name:								
Site Addre	ess:							
		reet		City		State	Zip	
Site Contact Person:			Site Phone:					
Testing Compan	y Informatio	n:						
Name:								
Site Addre								
	St	reet		City		State	Zip	
Testing Pe	erson:		_ Phone:]	Fax:		
Reported By:					Fax:			
ATC Initial	Test: Ani	nual Test: Retest.	: Cancella				_	
	<u> </u>	T	Test Scheduled		1	Hour Test Results		
Ва	System alance & Assist	Test TP 201.3 – Leak Decay	1 est Sche	aulea	Pass	Fail		
	bove Ground ank only	TP 201.3B – AST						
Ва	alance & Assist	TP 201.4 – Back Pressure						
	ssist only	TP 201.5 – Air to Liquid Ratio						
	-	TP 201.6 – Liquid Removal						
* A	Applicable and re	quired when hose loop is	s greater than 10 i	inches.				
Notification Rece	Receiv	ved By: _						
Notification	by: Phone: _	Fax:	Mail:	Other:				